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ABSTRACT

This document provides a profile of aging and old age in Ghana. It covers aging trends and their implications for development. It is noted that, although the population aged 60 and over in Ghana is estimated to rise from 286,000 in 1960 to 2,425,000 in 2025, the aging of the population will not get under way until well after 2025. It is suggested that aging trends in Ghana will have a number of developmental implications and socioeconomic consequences, including a growing demand for specialized services and the weakening of the traditional family and community support systems for the elderly; age selective migration from the rural to urban areas; and reduced opportunities for older persons to remain economically active. This document also examines: (1) traditional beliefs associating old age and aging with dignity, wisdom, knowledge, respect, and obedience in Ghana; (2) the modernizing influences on these beliefs, including the effects of formal education, industrialization, migration, Christianity and Islam, and technology; (3) the current status of the elderly in Ghanaian society in terms of education, training, employment, income, and assets; (4) the living arrangements of the elderly; (5) the relationship of the elderly with family members; (6) the organized support systems for the elderly by the government, the family, and voluntary organizations; and (7) community participation and social networks. (NB)

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AGING AND OLD AGE IN GHANA

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Aging and Old Age in Ghana

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I. Introduction

It is usually argued that aging in developing countries has not yet emerged as a dominant social phenomenon because these countries do not yet have a problem of the aging of their populations. This argument is often buttressed by the fact that whereas fertility rates in most developed countries have fallen since the mid-1960s, developing countries have a transitory population structure that is growing younger associated with falling mortality and continued relatively high rates of fertility. Indeed, the decreasing age is used to further show that the proportions of the elderly in the populations of developing countries as a whole actually dropped between 1950 and 1975 from 7.1 to 6.0 percent and the projected figure for 2000 is nearly the same as that estimated for 1950 (UN, 1985). The logical conclusion of the above scenario is that today's developing nations have not only the opportunity to learn from previous and ongoing efforts and a longer period to plan for the inevitable strains of demographic change, but also the time to assess demographic projections, consider structural changes in social institutions such as marriage and the family, compare and evaluate programmatic responses already attempted, and, in short, debate issues before they are branded as crises (Kinsella, 1988, p. v.).

While the above argument appears plausible it is not wholly supported by the available evidence which shows that the elderly population is growing fastest in developing countries.

For example, the net balance of the world's older population (55 years and over) increases by 1.2 million persons every month. More than 80 percent of this monthly increase occurs in developing countries, where the growth rate for persons aged 55 and over (3.1 percent) is three times as high as in developed countries.

Furthermore, in terms of numbers, it can be shown that the majority of the world's older population lives in developing countries. For example, there are now about 370 million people aged 55 and over living in developing countries, representing 58 percent of the world total in this age category. By 2020 the proportion in developing countries is projected to rise to 72 percent, with the absolute number exceeding one billion (U.S. Bureau of the Census, 1988).

It is the conviction of the present writer that this is the opportune time for the developing countries to evolve a comprehensive programme which should not only provide health and other social service infrastructure for the aging population but also ensure their participation in the development of their societies. In this connection, the most pressing shortcomings that these countries now face with regard to the aging of their populations, are the endemic problem of lack of adequate monetary resources to

provide the needed service infrastructure, and the lack of useful data and statistical information on the elderly, properly disagregated, that are needed to stimulate and substantiate discussion.

The purpose of this paper is to give a profile of aging and old age in Ghana. The paper covers: aging trends and their implications for development; traditional beliefs about old age and aging in Ghana; the modernizing influences on these beliefs; the current status of the elderly in the Ghanaian society in terms of education, training, employment, income and assets; the living arrangements of the elderly; the relationship with family members; the organized support systems for the elderly by the government, the family and voluntary organizations; and, community participation and social networks.

II. Aging Trends and Implications

Aging Trends

The most outstanding feature of the age structure of Ghana's population is its youthfulness. The proportion of persons aged less than 15 years was 44.6 percent in 1960 and this figure will increase to 46.0 percent by the year 2000. In contrast, the proportion of persons aged 60 and over was 4.2 percent in 1960. By the year 2000, the proportion would be 4.5 percent (Table 1).

TABLE 1
ESTIMATED AND PROJECTED PERCENTAGE OF TOTAL POPULATION IN MAJOR FUNCTIONAL AGE GROUPS (0-14, 15-59, 60 & OVER) GHANA, 1960, 1980, 2000, 2020, 2025
(Percentage)

Age Group	1960	1980	2000	2020	2025
0 - 14	44.6	46.3	46.0	34.0	30.3
15 - 59	51.2	49.2	49.5	60.3	63.2
60+	4.2	4.5	4.5	5.7	6.4

Source: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (UN Publication No. 83.XIII.5).

However, the low proportion of the elderly in the Ghanaian population should not obscure the increase in absolute numbers of the elderly who constitute an important economic and demographic variable. The population aged 60 and over in Ghana is estimated to rise by a factor of 8.5 from 286,000 in 1960 to 2,425,000 in 2025, an increase larger than that projected (5.6) for the total population (Table 2). However, the aging of the population will not get under way until well after 2025. Continued high rates of fertility coupled with slowly declining mortality rates has in fact resulted in a high gross reproduction rate and an improved survival of its large cohorts (Table 3). Only after the year 2020, when fertility rates are projected to fall quite rapidly, will the conditions be given for the aging of the population.

TABLE 2
ESTIMATED AND PROJECTED TOTAL POPULATION AND NUMBERS OF PERSONS AGED 60 AND OVER, GHANA 1960, 1970, 1980, 2000, 2020, 2025
(In Thousands)

	1960	1970	1980	2000	2020	2025
Total Population	6,772	8,559	11,457	21,923	34,954	37,748
Persons aged 60 and Over	286	457	521	992	1,993	2,425

Source: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982, (UN Publications, sales No. 83.XIII.5).

TABLE 3
ESTIMATED AND PROJECTED CRUDE BIRTH RATES, GROSS REPRODUCTION RATES AND LIFE EXPECTANCY AT BIRTH, GHANA, 1960-65, 1980-85, 2000-2005, 2020-2025

	1960-65	1980-85	2000-2005	2020-2025
Crude Birth Rate per 1000 population	48.2	47.0	38.6	21.5
Gross Reproduction Rate	3.19	3.20	2.54	1.18
Life Expectancy at Birth	44.0	52.0	60.0	67.5

Source: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (UN Publication, Sales No. 83.XIII.55).

AGING AND OLD AGE IN GHANA

The changing age structure of the population can also be shown by tracing trends in the median age. The median age of the population decreased from 17.7 years in 1960 to 16.8 years in 1980 and would remain around that level (16.9 years) by the year 2000, apparently due to the reduction of infant and child mortality rates. However, by 2020, the median age is estimated to be 22.1 years and is projected to increase to 24.2 years by 2025 (Table 4).

TABLE 4
ESTIMATED AND PROJECTED AGE OF THE TOTAL POPULATION, GHANA, 1960, 1980, 2000, 2020, 2025
(In Years)

	Median Age
1960	17.7
1980	16.8
2000	16.9
2020	22.1
2025	24.2

Source: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (UN Publication, Sales No. 83.XIII.5).

Futhermore, the current trend of increasing age is reflected in a slight increase of the persons aged 60 and over in the total population from 4.2 percent in 1960 to 4.5 percent in 1980 and the year 2000. By 2020, however, this proportion is expected to rise to 5.7 percent, and by 2025 to 6.4 percent (Table 1). Long term projections suggest that it will take until about 2075 for fertility declines ultimately to bring the weight of the 60-plus age group to a situation comparable to what is to be found in many developed countries today (UN, 1985, p. 99).

The estimated and projected population aged 60 and over by sex and age group for the period 1960-2020 is shown in Table 5. It is estimated that the total number of elderly will increase from 288,000 persons in 1960 to 992,000 by 2000 and will more than double to 2,425,000 in the year 2025. Indeed, between 1960 and 2025, the older population is projected to increase by a factor of 8.5.

The policy implications of the rapid numerical growth in the elderly population in Ghana during the period 1980 to 2025 becomes clearer if one compared the growth in the elderly population to that in the population as a whole. It could be estimated from

the data in Table 1 that while the total population will increase by 229.5% between 1980 and 2025, the elderly component will increase by 365.5% during the same period. The main reason for the steady increase in numbers of elderly persons in Ghana is that the cohorts of children who will become the elderly population over the next 40 years will be successively larger. This will result from the high fertility rates of recent decades, coupled with increased life expectancy, especially among the young, but affecting older age groups as well (Table 3).

With regard to sex ratio, it is worthy of note that within the elderly population, the females have consistently outnumbered the males since the 1960s and will continue to do so even after 2025 (Table 5).

TABLE 5
ESTIMATED AND PROJECTED POPULATION AGED 60 AND OVER BY SEX AND AGE GROUP, GHANA, 1960, 1980, 2000, 2020, 2025
(In Thousands)

Age Group	1960		1980		2000		2020		2025	
	M	F	M	F	M	F	M	F	M	F
60 - 69	90	105	161	184	296	334	592	657	720	794
70 - 79	37	41	66	84	134	163	270	321	330	391
80+	7	8	11	16	27	38	65	88	81	109
Total	134	154	238	284	457	535	927	1,066	1,131	1,294

Source: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (UN Publication, Sales No. 83.XIII.5).

An examination of the relative size of other age groups over time in the overall age structure indicates that declines in fertility will start to show an impact on the country's age structure only after the year 2000. By 2025, the weight of the 0-14 age group is projected to drop to 30.3%. Concurrently, the population of working age (15-59) will account for an almost stable 50% of total population between 1980 and 2000, but will jump to 63.2% by 2025 (Table 1). Indeed, this pattern of a decline in the weight of children and of a substantial increase in the relative size of the population of working age between 2000 and 2025 is typical of most countries in the Africa region.

Table 6 shows the trends in dependency ratios for the population. The total dependency ratio (defined as the ratio of persons aged 0-14 and 60-and-over, to the

population of working age 15-59) was estimated to be fairly stable during the period 1960 - 2000. However, by 2020 and up to 2025 and possibly beyond, the total dependency ratio for the country is expected to decline substantially (66 in 2020, and 58 in 2025). The decline in the total dependency ratio after 2000 may be explained by the decrease in the child age dependency ratio (brought about by the decline in the fertility rate) and the fairly constant aged dependency ratio during the period 2000 - 2025.

TABLE 6
ESTIMATED AND PROJECTED TOTAL DEPENDENCY RATIOS, YOUTH DEPENDENCY RATIOS AND AGE DEPENDENCY RATIOS, GHANA 1960, 1980, 2000, 2020, 2025, (NUMBER OF PERSONS AGED 0-14 AND/OR 60 AND OVER PER 100 PERSONS OF WORKING AGE (15-59).

	Dependency Ratios				
	1960	1980	2000	2020	2025
Total	95	103	102	66	58
0 - 14	87	94	93	56	48
60 and Over	8	9	9	9	10

Source: Derived from World Population Prospects: Estimates and Projections as Assessed in 1982 (UN Publication, Sales No. 83.XIII.5)

To summarize, we would note that the process of population aging will get under way in Ghana only after the turn of the century, in the sense that the population as a whole will become older. In the initial phase, the aging trend will be concentrated predominantly in the young and middle-aged adult group. Only after 2025 will progressive aging become manifest in the increasingly relative weight of the oldest segment of the population.

The above account should not be misconstrued to mean that Ghana does not yet have a problem of the aging of her population. On the contrary, this should be seen as the right time to evolve a comprehensive programme which should provide health and other social service infrastructures for the population aged 60 and over in Ghana.

Developmental Implications of the Aging Trends

There is no doubt that the large numerical increases in the population of older people in Ghana over the next several decades will have a number of developmental implications and socio-economic consequences. This would include changes in the

levels and patterns of consumption, production, saving, investment, employment, urbanization, migration, agricultural and rural development, and demand for various social services. In this paper, however, we shall limit the discussion to the following: The growing demand for specialized services and the weakening of traditional family and community support systems for the elderly; age selective migration from the rural to urban areas; and reduced opportunities for older persons to remain economically active.

In the first place, state-based social security systems in the country are not developed enough to absorb the increasing demand for services and facilities for the elderly. Indeed, the extended family and the local community still constitute the primary sources of care for the elderly. The aging trend, however, suggests that unless family and community traditions of mutual aid can be strengthened, a vast service infrastructure will be required to replace and expand previous informal care giving. Given the scarcity of economic resources and the competing demands from a large population of the youth, it will be extremely difficult to develop a social security system providing full coverage to the population. A possible solution to the problem will be to strengthen the resources of traditional caregivers, rather than creating new institutions. Such a family-oriented policy should include: channelling financial support to families caring for elderly relatives; implementation of public education programmes; and the promotion of rural development schemes.

Another impact of the aging trend is the general deterioration of agricultural production due partly to the migration of young people from rural communities to urban areas in search of employment and education and the resulting loss to the agricultural community of a key source of labor and support. For long-term prospects of agricultural development, the most disturbing factor will be the aging of the farming population, first through the age-selectivity of rural-urban migrants, and second through the aging of the farming labor force. The very slow rate of recruitment of youths into farming will further aggravate the consequences of this secondary aging. At the operational level, rural development may be seen as a policy area with key implications for averting the negative socio-economic consequences of rural-urban migration and youth unemployment. Indeed, by providing employment opportunities, technological support and a service infrastructure, it will act as an inducement for young people to remain in or return to the rural areas.

Finally, the impact of the aging trend in Ghana may be seen in the reduced opportunities for older persons to remain economically active. Such factors as increasing literacy of the young, the introduction of wage economies, and mechanization of production will decrease their traditional functions. The challenge to planners and policy makers in Ghana is to devise programmes and policy measures which will promote the continued activity of older workers to the limit of their capacities and thereby increase the productive potential of the economy as a whole.

III. Traditional Beliefs About Old Age and Aging in Ghana

At this stage it will be relevant to examine some of the traditional beliefs that exist in the Ghanaian society about old age and aging. This is because they have served as the main basis for the continuing sustenance and maintenance of elderly persons.

In both traditional and modern Ghanaian society, old age is regarded as a blessing and old people are regarded as sacred. This is because there is the belief that an old person is nearer the state of the ancestors than the young. Closely related to this belief is the idea that an old person has experienced all the vicissitudes of life and thus is adequately equipped for the life thereafter. His long life is indeed regarded as the proof of his righteousness (Sarpong, 1983, p. 16).

Old age is also considered to be dignified and therefore deserving of honour, respect and sympathy. It is believed that the respect that the young owe the aged compels the former to look after the latter tenderly. In the Ghanaian society, therefore, to neglect one's aged father or mother is to commit an unpardonable act of ingratitude. Every parent looks forward to the day when he will receive the reciprocal treatment of love and affection from his children. In fact, a child cannot neglect this duty without losing face considerably.

As the Akans put it:

> *"When someone has looked after you for you to grow your teeth, you should also look after the person to lose his/her teeth".*

Old age in Ghana also commands obedience. To fail or refuse to do what an old person tells or orders you to do is to leave yourself open to trouble. The child who persistently refuses to obey his elders is not expected to get on well in life and is doomed to a life of total failure. This is because it is believed that the words of an old person are prophetic and can be maledictory. Young people should therefore not dismiss the admonitions of the old with impunity. This gives the aging the authority which is not enforced by brute physical force but enforced in the moral obedience that should be forthcoming from young people.

Ghanaians are also encouraged to be with the elderly as much as possible. This is especially so since old age is attributed with wisdom. The number of years lived by a person is supposed to be commensurate with the store of wisdom he has. The ability to counsel wisely is the prerogative of the elders. Old people, renowned for their wisdom, are consulted on every issue. Such is the wisdom attributed to old age that among the Akans, the expression for going to think about a matter that has been placed before you is to 'consult the old woman/lady'.

Old age is also associated with knowledge. An old person is regarded as the repository of the mores, folkways and traditions of his society. It is he who must teach the young how to comport themselves in public during ceremonies, funerals, festivals, etc. Indeed, the older a person is, the more knowledgeable he is supposed to be, hence the Akan proverb:

> *"When your grandmother tells you something, you do not say you are going to ask your mother whether it is true".*

In other words, if your grandmother does not know, your mother cannot know!

Another aspect of the knowledge of the elderly is the fact that they have pragmatic and local knowledge, particularly of herbs and medicinal drugs and plants. They also know where certain valuable items may be hidden and how some things are made especially in cases of emergency. Often the care and loving kindness that are lavished on old people serve as an inducement to get them to reveal some secrets of life to those who are near them, especially at the moment of their death (Sarpong, 1983, p. 18).

The Ghanaian also has an attitude of fear or awe towards old people. The curse of an old person is very much dreaded. It is strongly believed that the malediction of an old person carries with it the mark of an indelible calamity. In the Ghanaian society, therefore, to laugh at an old person because he acts funny or in an abnormal fashion is to commit an unpardonable crime and incur the fury of the ancestors. Many stories are told in which the ridicule or contempt of the old by the young is very severely punished by the ancestors. This is embodied in the saying in Ghana that:

> *"The mouth of the elderly person is like God".*

The attitude is also prevalent in Ghana that an old person is to be treated with love and affection rather than with revulsion, contempt or avoidance. This is because it is believed that the good elderly person is affectionate and loves his children and grandchildren. He is generous in giving and not selective in his affection. He must not be too demanding and must be grateful when something is done for him. In the same vein, it is argued that the young must have love, affection, and respect for their elders. In effect, the relationship which should exist between the elderly and the young should be that of mutual love, mutual dependence and mutual advice. The good elderly person is the one who gives good advice and a good young person is the one who takes the advice of the good elderly person (Sarpong, (1983, p. 20).

In summary, it may be said that the care of the aging has been borne most willingly in traditional Ghanaian society by the family and the general community because of the invaluable contribution which the aging can make towards the affairs of

the community[1]. Indeed, the folkways, mores, values and artforms such as dances and games all remind the people of Ghana of the wisdom, knowledge, experience and authority of the aging and therefore of their obligations towards them. There is therefore no wonder that the members of the extended family in traditional society do all they can to help the old person until he departs in dignity (Brown, 1984, p. 29).

IV. Aging and Social Change

Various factors have affected the traditional roles formerly performed by the elderly. These include formal education, industrialization, migration, Christianity and Islam, and technology.

With its inculcation of new values, an inquiring mind and the projection of new models of social relations, formal education has brought into conflict the traditional roles and authority of the elderly. Teachers and other contemporary social leaders, rather than the elderly, are now the counsellors from whom the young seek advice (Brown, 1984, p. 29).

Secondly, industrialization and job opportunities tend to make the youth more independent and ignore and sometimes even challenge the authority of the elderly.

Thirdly, the attraction of the youth to the urban centres from the rural areas generates a melting pot of cultures and the new migrants turn to their peers, instead of the elderly or their parents, for advice. Also, with the migration of the youth to the urban areas, the elderly are deprived of the care they would have had from the youth under traditional practices.

Fourthly, the advent of Christianity and Islam has weakened the influence of the elderly in traditional structures and practices. For example, traditional herbal practices in which the aged played an important role are now frowned upon by some Christians and Muslims because of the traditional rituals involved. The aged are therefore losing their authority as custodians of traditional healing practices among some sections of the population.

Finally, the decline of traditional technology in which the youth served their apprenticeship under the aged has resulted in the loss of their authority.

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[1]The specific roles of the aging in traditional society may be divided into two main categories, namely, domestic and public. Domestic functions include: education and socialization; health; religion; and counselling. Public functions involve: selection among eligible candidates for public office; and the interpretation of the norms, mores and customs of the community. In effect, the elderly are thought to be so important that, in the traditional world view, a home without an elderly person is considered a calamity.

V. Socioeconomic Characteristics of the Aging in Ghana

Education and Training

One of the peculiar circumstances of the current group of the elderly in Ghana is that most of them grew up before the opportunities for formal education became available, except for those who availed themselves of the few educational centres with long Christian missionary contact in the South of the country. Consequently, the educational status of the elderly is relatively low compared with the other age-groups in the population. As indicated in Table 7, the great majority of the elderly population (males, 84.3%; females, 95.0%) had never been to school. However, the data in Table 8 indicate higher rates of school attendance in the urban areas and reflect the concentration of educational facilities in these areas.

TABLE 7
SCHOOL ATTENDANCE OF PERSONS AGED 60 AND OVER AND TOTAL POPULATION BY SEX, GHANA, 1971
(Percentages)

	Ever at School		Never at School	
Age Group	Male	Female	Male	Female
60 and Over	15.7	5.0	84.3	95.0
Total Population	53.0	34.0	47.0	66.0

Source: Gaisie S.K. and K.T. deGraft-Johnson (1976) p. 39.

TABLE 8
SCHOOL ATTENDANCE BY SEX, AGE, AND RESIDENCE, GHANDA, 1968
(PERCENT WHO HAD EVER ATTENDED OR WHERE ATTENDING SCHOOL)

	Urban			Rural		
Age	Both Sexes	Male	Female	Both Sexes	Male	Female
6-14	73.5	78.5	68.9	55.8	60.1	51.2
15-19	70.7	82.8	60.1	55.3	69.1	41.6
20-29	53.7	71.6	40.8	28.2	45.9	16.1
30-39	36.2	52.9	21.6	14.9	25.6	5.5
40-49	29.5	44.1	16.4	7.8	13.4	2.3
50-59	26.5	42.2	12.8	7.0	11.8	2.0
60+	23.3	35.3	11.1	7.1	10.3	3.0

Source: Gaisie S.K. and K.T. de Graft Johnson, 1976, p. 40.

Since the great majority of the elderly have not had any form of formal education and training, one would expect that any skills that they would acquire would naturally come from the informal and non-formal types of education and training. A study by the present author in 1984 showed that for most of the elderly males, their training had mostly been in handicraft, artisanship, driving, fitting and farming, while for the elderly females, training had mainly been in trading, food processing, dressmaking and farming. For the elderly males, their skills had been acquired mainly through formal and informal apprenticeship with established artisans, parents or relatives, while elderly females had acquired their skills by working with their mothers or other female relatives.

Employment

In Ghana, there is a surprisingly large number of persons in the labor force in the age group 60 and over, making up about 9 percent of the labor force. Tables 9 and 10 show the age-specific activity rate for the population aged 60 years and over, male/female and urban/rural, in 1970. The data generally indicate high activity rates for the age group 60-69, male/female and urban/rural. Indeed, in this age group, activity rates are generally higher than those for the total population aged 15 years and over. The main reason for the high participation rate is the need for persons in this age group to receive an income on which to live.

TABLE 9
MALE POPULATION AGED 60 YEARS AND OVER, LABOR FORCE ACTIVITY RATES BY URBAN/RURAL IN GHANA, (1970)

AGE GROUP	POPULATION			LABOR FORCE			ACTIVITY RATES		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
60 - 64	75,302	15,413	59,889	68,985	13,100	55,885	91.6	85.0	93.3
65 - 69	47,726	9,464	38,262	41,243	7,406	33,837	86.4	78.4	88.4
70 - 74	42,004	7,495	34,509	34,255	5,363	28,892	81.6	71.6	83.7
75 - 79	21,681	3,883	17,798	16,276	2,495	13,781	75.1	64.3	77.4
80 - 84	19,754	3,000	16,754	13,545	1,670	11,875	68.6	55.7	70.9
85 and Over	26,342	4,057	22,285	13,458	1,609	11,849	51.1	39.7	53.2
Total Aged 15 and Over	2,227,000	703,156	1,523,844	1,859,395	571,077	1,288,318	83.5	81.2	84.5

Source: de Graft-Johnson et al (1976).

TABLE 10
FEMALE POPULATION AGED 60 YEARS AND OVER, LABOR FORCE ACTIVITY RATES BY URBAN/RURAL IN GHANA, (1970)

AGE GROUP	POPULATION			LABOR FORCE			ACTIVITY RATES		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
60 - 64	71,076	16,043	55,033	50,522	11,158	39,364	71.1	69.6	71.5
65 - 69	46,492	10,330	36,162	29,077	6,482	22,595	62.5	62.7	62.5
70 - 74	40,388	9,327	31,061	22,053	4,663	17,390	54.6	50.0	56.0
75 - 79	20,581	4,830	15,751	9,111	1,879	7,232	44.3	38.9	45.9
80 - 84	20,501	4,784	15,717	7,268	1,340	5,928	35.5	28.0	37.7
85 and Over	26,026	6,078	19,948	5,705	1,021	4,684	21.9	16.8	23.5
Total Aged 15 and Over	2,316,348	665,774	1,650,574	1,472,223	417,485	1,054,738	63.6	62.7	66.9

Source: de Graft-Johnson et al (1976).

There is also a significant difference between the sexes. The male activity rates are consistently higher than those for the females in all age groups (60-85 and over) and in both rural and urban areas. The difference in the ranking of males and females could perhaps be attributed mainly to the fact that the men who survive to an old age usually retain their position as head of household and are, of necessity, forced to engage in some form of economic activity even though their efforts and the returns from this activity may be minimum.

It is also worth noting that the rural activity rates are consistently higher for both males and females in all the age groups. The main explanation is that agriculture is the main occupation in the rural areas and it allows individuals to carry on economic activities until they themselves decide to quit.

Thus, the type of job does not only permit flexibility in scheduling work, but also ensures discretion in retirement decisions (Brown, 1987, p. 50).

Income and Assets

Very few studies have provided actual estimates of levels of income and income distribution in Ghana. The major studies in this field include various household budget surveys conducted by the Central Bureau of Statistics (CBS), the Eastern Region Household Budget Survey conducted by Dutta-Roy (1969), a survey of farm incomes by Rourke (1971), and a study of the distribution of monetary incomes in Ghana. The available evidence from these surveys and other individual studies generally show that incomes in rural Ghana are generally lower than incomes in the urban areas. However, in Ghana the application of monetary incomes to determine the well-being of the elderly becomes difficult. This is because none of the above mentioned studies has examined the distribution of income by the various age groups. More importantly, for the majority of the aging in Ghana, who are self-employed, non-wage earners, a study to determine their well-being should focus on their real incomes which include all the material services and favours that a person can receive from those obliged to him. Given the dearth of data on the economic status of the elderly in Ghana, use will be made of the data collected by the author in 1984 on a sample of elderly people in the Greater Accra Region of Ghana.[2]

The results of the study indicated that nearly half (48.9 percent) were living in their own houses. About 18 percent were living in family or ancestral homes, 12.1 percent in other relatives' houses. Only 11.5 percent had rented the houses in which they were living.

The main sources of income from financial assets were salaries, pensions, social security, savings and interest on money lent to others. For the sample, the average annual income from these assets was 14,032.82 cedis (or 52 US dollars).

In addition, to income from these financial assets, the elderly had income from rent from the land, farm, house and other property; interest and dividends; and remittances from abroad and within the country. The total average amount received from other sources during the past 12 months was 28,930.00 cedis (or 107 US dollars). Thus, the total average annual income received was 42,962.82 cedis (or 159 US dollars). In contrast, the value of average annual consumption expenditure was 69,545.66 cedis (or 258 US dollars). An income and expenditure analysis shows an amount of 26,582.84 cedis (or 98 US dollars) over income.

The enormity of the financial problem was echoed by 79.5 percent of the sample who indicated that in general their income and assets were not adequate to meet their minimum requirements. Compared with their financial position five years earlier, the financial position of 77.8 percent was worse than before. Thus, the results of the study were in line with the a priori observation that, as a group, the aging constitute one of the poorest and disadvantaged groups in the Ghanaian society.

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[2]See C.K. Brown (1984) - Improving the Social Protection of the Aging Population in Ghana, Technical Publication Series, ISSER, University of Ghana, Legon.

VI. The Living Arrangements of the Elderly in Ghana

The available data on household types and composition in Ghana do not specifically give the living patterns of the elderly. It is therefore difficult to describe in any detail the living arrangements of the elderly in the Ghanaian society. However, a look at the household size and composition should throw some light on the residential pattern of the Ghanaian elderly.

A Ghanaian household may contain both related and unrelated persons and the former group may also constitute one or more conjugal family nuclei consisting of married children and also the Head's and/or spouse's sisters and brothers and their children, including grandchildren and in-law.

The average household size ranges from 4.3 to 4.9 persons with the rural average size exceeding that of the urban areas by 4 percent (Gaisie and deGraft-Johnson, 1976, p. 54). About 59 percent of the households contain four or more persons and more than 20 percent of the population live in households with seven or more members. As has already been stated, a conspicuous feature of the rural household structure is the predominance of large sized households -- i.e., households with four or more members.

With regard to the composition of the household, 44 percent of the households consist of nuclear families (made up of husband, wife and children), with an average family size of 4.6. The extended family system with its relatively large average family size of about 7.0 persons (Gaisie and deGraft-Johnson, 1976, p. 52).

The same household patterns prevail in both the urban and rural areas except that nuclear and extended families are more commonly found in the villages than in the urban areas. On the other hand, one-person family households and one-parent family households are notable features of the urban household structure. Indeed, the loose kinship ties and social and economic constraints prevalent in the urban environment make people enter into certain living arrangements which would not be necessary under the traditional social system.

The sex differentials in respect of household patterns reveal interesting features. The one-spouse households contain proportionately more females than males, especially in the towns and cities where 30 percent of the females as against 22 percent of the males live in one-spouse households, a phenomenon which is partly indicative of higher male mortality. Also, there is a higher proportion of males than females living alone (that is, in one-person households). This is suggestive of the tendency among unmarried, divorced and widowed females to stay with relatives rather than to set up their own households. For example, while 60 percent of the male divorcees had established one-person households, only 20 percent of their female counterparts preferred that form of living arrangement and the corresponding proportions for widowers and widows were 37 percent and 20 percent respectively (Gil et al. 1971, p. 20).

The foregoing account of the size and composition of the Ghanaian household would seem to indicate that the elderly are more likely to stay with other family members than to stay alone. However, as has been indicated, there would be differen-

tials in respect of household patterns as to sex and urban-rural residence. While the elderly males are likely to be more numerous than females in one-person households, one-spouse households are likely to contain more females than males. Furthermore, the one-person and one-parent households would tend to be a more common form of living arrangement for the elderly in the urban than in the rural areas. Gaisie et al. (1970) found that 1.7 percent and 18 percent of the rural female population, as compared with the urban 3.0 percent and 30 percent, respectfully, lived in these types of households; the proportion of urban males living alone was nearly twice that of their rural counter-parts and for every one rural male living in a non-related persons' household there were three male urbanites.

Even though it is the wish of most elderly in Ghana to own their own houses, in a sample survey, Brown (1984) found that less than half (48.9 percent) of the respondents actually owned houses. With regard to the residential pattern, Brown (1984) found that 47.3 percent were living in their own houses, 18.2 percent in their family or ancestral homes, 12.1 percent in other relatives' houses, and 6.1 percent in their children's houses. Only 11.5 percent had rented the houses in which they were living, and for this latter group, the rent was paid by the children (45 percent), by themselves (40 percent) or by the spouse (15 percent)

VII. Relationship with Family Members

In modern societies, family roles have special meaning for people of all ages. The immediate family unit is considered critical for the psychological and physical well-being of family members. It is considered to be a haven in a heartless world and provides solace to those buffeted by the impersonal competitive world of work. To those who no longer have work roles which had previously structured their days, the family bestows a sense of usefulness and provides social contacts. In the family, at least ideally, people can be themselves, discuss their daily problems, share experiences and activities, find companionship, and receive encouragement and emotional support (Foner, 1986, p. 55).

Many of the popular beliefs about old people concern their family relationships. In the advanced societies the old are often pictured as neglected by their children and socially isolated from non-kin. This situation is often contrasted with earlier times or with non-industrial, non-urban societies in which the old are pictured as enveloped in a close and caring network of kind and community relationships. While it is true that old people in modern societies do have ties to family and the larger community, the roles that they play are not the same as those played by the old in the less advanced societies. Indeed, some of the same social forces that have affected work roles have also had an impact on the family in the advanced societies.

An examination of the relationship of the old with family members basically involves their roles as parents, grandparents and spouses, and how the social support of other members of the family helps them to carry on their social roles and promotes

physiological and psychological functioning. Social support can take many forms: it can be an expression of love and respect leading the elderly person to believe that she or he is cared for and valued; it can take the form of material and services; it may merely involve listening to another person's recital of daily activities or problems. Whatever the form it takes, social support of family members invariably helps the elderly deal and cope with changes and forms a basis for maintenance and care which is greatly needed at this time of their lives.

In spite of the profound changes in the institution of the family in Ghana, the family has retained many caring responsibilities for its older members, and in a large measure, old people have remained the responsibility of individual families, providing comfort and support in times of anxiety, loneliness and helplessness.

In a survey, Brown (1984) found that there was generally a warm and cordial relationship between the elderly, on the one hand, and their children and relations on the other. Once a month, at least, 61.7 percent of the elderly were visited by their children who did not stay with them, while 31.2 percent were visited by other relatives during the same period. Similarly, the reciprocal visits by the elderly to their children and other relatives were fairly regular. At least, once in every three months, 60.8 percent paid visits to their children who did not stay with them, while 51.1 percent indicated that during the same period, they paid visits to other relatives not staying with them. One the whole, Brown (1984) found that the contacts with their children were thought to be very adequate (28.4 percent), adequate (31.8 percent), and satisfactory (23.9 percent). Similarly, contacts with other family members were thought to be very adequate (5.7 percent), adequate (35.2 percent), and satisfactory (42.0 percent). Thus, the relationship of the older persons with their children and other family members in the Ghanaian society appears to be satisfying and rewarding. One may therefore ask: "What accounts for the maintenance of intergenerational ties in spite of the several factors that operate to disrupt them?" Perhaps the main reason is the cultural imperative to "honour thy father and mother", which is inculcated from the earliest years and reinforced continually over the years in the socialization process through societal norms.

VIII. Organized Support Systems

Government Social and Welfare Services

In Ghana, at the moment, there are no laws nor a comprehensive national policy which cater specifically for the needs and welfare services of the aged, although the general laws on retirement and pension affect the aged. Indeed, it was not until 1982 that a National Commission on the Aged was established by the Government to advise on all matters related to the welfare of the aged.

While one would argue that there are no specific policies for the welfare of the aged, some government departments which deal with social welfare, community and rural development, public health and adult education cater, in some ways, for the needs

of the elderly. For example, the problems of the needy, including the aged in the urban areas, come under the schedule of the Department of Social Welfare, whereas the Department of Community Development caters to the elderly in the rural areas. Similarly, the social security and pension schemes make some provisions for the elderly.

Under the Social Security Act, 1965 (Act 279) and the Social Security Decree 1972 (N.R.C.D. 127), all workers, whether in the public or private sector, should be covered by the Social Security Fund. Workers were required to contribute 5 percent of their earnings towards the fund, while their employers contribute 12 1/2 percent thus making a total of the 17 1/2 percent of the worker's wage. Under the scheme the worker has the following retirement benefits:

(i) A superannuation or old-age benefit;
(ii) an invalidity benefit; and
(iii) a survivor's benefit.

With these benefits the retired worker is supposed to take care of himself and his family for the rest of his life. However, since these benefits are not constantly adjusted to take care of inflation and changes in the cost of living, they do not provide the elderly with an adequate level of protection sufficient to maintain their financial independence. This is, indeed, a far cry from the lofty and laudable ideals which the initiators of the Social Security Bill had in mind when it was introduced in February 1965:

> "We require the assistance of our workers so that they continue to work till, and, if possible, after superannuation to ensure carefree, comfortable and happy old age, instead of living like parasites on the all too meagre income of some relations..." (Government of Ghana, 1965).

Furthermore, the present retirement schemes are inadequate in that they cover only the small minority of the elderly who have been fortunate to pass through a period of paid employment in the public and private sectors. The schemes do not cover self-employed persons, agricultural workers, peasants and farmers who are more numerous than wage earners. Thus, for this category of workers, there is no insurance against old age except in the traditional family system.

The Family Support System

It appears that both the colonial British Administration and the post-independence regimes have implicitly relied on the ability of the family network to cope with the problem of individual aging. Indeed, no concrete policies have been evolved that anticipate the problems of population aging in Ghana.

In the traditional extended family system, the various divisions of labor on the farm by sex and by age often allowed an interchange of roles as the young grew into adults and as adults grew into old age. It was this interdependence that formed the strength of the family support system. The system undertook the many caring responsibilities of the elderly and, in a large measure, old people remained the responsibility of individual families, providing comfort and support in times of anxiety, loneliness and helplessness.

With increasing social change, this interdependence which has formed the strength of the family support system has been eroded by the separation of the generations through migration, death of key family members and lack of surviving siblings of elderly persons. Indeed, one could with some justification say that the onus of responsibility for the care of the elderly has shifted from the extended family system towards the nuclear family with an important role being played by spouses and children. In this regard, the special role performed by one's children is seen to be very crucial. Brown (1984, p. 76) has shown the important filial obligation which siblings have towards their parents in the form of providing food or money for food, running of errands, attending to the daily needs of their parents, occasionally paying for medical bills and house rent, supplying clothing, and providing emotional satisfaction and encouragement.

On the other hand, Apt (1981) has indicated that while most Ghanaians are still willing to take responsibility for their aged parents, young people frequently complain of their own financial inability to care as much as they would wish for aged relatives. She points out that the overall effect of modernization is pressure on the nuclear family of the younger wage earners to provide for themselves, with little available for aged parents who may be at a distance and inaccessible to personal care. Although Apt (1981) hopes for a continued system of family care, the indicators suggest to her that, in comparison with the present generation of people over 60, new generations of the elderly are likely to have less help and less security from fewer children. The problem, as she points out, is that not only will people have fewer children but that because of migration the children will simply be available less to support their aged parents, and frequently less able to contribute material assistance.

One feature of the family support system which continues unabated is that of providing a fitting burial of the dead, especially when death occurs in old age. Subject to local ethnic and tribal variations and the impact of religious doctrine and affiliation, this last obligation is the main benefit of being survived by one's own children and relatives.

A major weakness of family support in Ghana is that it is not formal: its effectiveness depends on the demographic and life cycle evolution of the family unit and its members. In this connection, the introduction of formal programmess which assist the family and especially its younger members in providing support for elderly relatives will enhance the quality of life of the elderly.

Support from Voluntary Associations

Voluntary associations have been more alert than government in recognizing the needs of the elderly and coming to their aid. Church organizations such as Hope Society and St. Vincent of the Catholic Church of Ghana, as well as other voluntary organizations such as Boys' Scout, Red Cross, Help-Age International and Ghana National Association of Teachers (GNAT) have all provided voluntary social services and material help for the elderly.

In addition to the above-mentioned voluntary associations, the elderly people themselves have formed some associations aimed at ensuring the general welfare of the elderly and appropriate and satisfying roles in society. These old people's associations include: Union of Retired Persons; The Veterans Association of Ghana; and The Senior Citizens Club. In a sense, these association can be seen as a measure of the pervading sense of failure on the part of both the government and the family to cope with the various problems and needs of the elderly in Ghana.

Community Participation and Social Networks of Old People

The available evidence indicates that the elderly play an important role in their communities. This is seen not only in their involvement in the operations of the existing representative institutions of the community but also in their effort towards the improvement of their working and living conditions.

Brown (1984) operationalized participation in the existing local institutions into four areas of activity, namely: participation in the election of the local chief; participation in the election of the members of the village Development Committee (VDC); voting in the last general and presidential elections; and membership in voluntary organizations. The results of his study generally supported the assertion that the elderly played a fairly active role in the operations of the existing local representative institutions. For example, 47.2 percent of the sample took part in the election of their chief; 61.4 percent were instrumental in the election of the members of the VDC: 80.1 percent voted in the last general and presidential elections held in June 1979; and 40.3 percent belonged to some voluntary organizations which dealt with local development administration (43.7 percent), matters of local welfare (19.7) percent), economic development (11.3 percent). In their involvement with voluntary associations also, 62.0 percent played an active role by attending meetings regularly and taking an active part in the deliberations. Not surprisingly, 63.4 percent of them held various executive positions in these voluntary organizations.

In addition to participating actively in the existing representative institutions in their local communities, the elderly were also very much involved in various efforts towards the improvement in the living conditions of their communities (Brown, 1984). For example, 63.1 percent took part in communal labor, in spite of their mean age of 68.4 years, and 54.0 percent had voluntarily contributed various items and sums of

money towards the improvement of their communities. To re-emphasize the importance of participation in local affairs, 95.5 percent were of the view that every inhabitant should take part in communal labor or "voluntary" work, while 90.9 percent also expressed the opinion that the elderly should play an active role in the affairs of the community. Various reasons were given to justify why the elderly should play an active role in community affairs, the most important of which were: to give advice, counsel and guidance in public affairs (63.5 percent) to share the experience, wisdom and knowledge of old people with other members of the community (12.2 percent) to educate young people in the tradition and customs of the community (12.2 percent) and to give moral support and encouragement to those at the helm of affairs (8.3 percent).

The role being played by the elderly appears to be greatly appreciated by other members of the Ghanaian society. Brown (1984) found that 90.9 percent of his sample were of the view that they were regarded by the local people as useful members of the community. Again, 93.2 percent were of the impression that they were needed by people around them and that they were therefore greatly encouraged to give of their best for the development of the community.

To conclude, the forgoing account has shown that the Ghanaian society provides opportunities for older people to participate in some aspects of community life and that the elderly in turn play an important role in the development of their communities. However, there are several obstacles to their full participation and effective contribution in the development process. Aside from physical and health problems, there might be conditions, processes, and provisions in the social system which affect their efficient performance. These include: provisions in the labor market; social insurance and pension scheme; changing roles; cultural lag; changes in technology; and differences in the value systems of the society. Given the rapid increase in the absolute numbers of the aged, it is necessary to tackle these problems and tap the knowledge, skill and potential that they have. The important question to ask is:

> "How do we enable the aged to overcome these obstacles
> and in the process improve their participation in the
> development of their communities"?

In the first place, the aged could be encouraged and retrained to contribute more effectively to various developmental activities through the processes of community development and organization, cooperative development, local development administration, and through effective programmes of adult education, functional literacy and agricultural development activities, making use of appropriate technology.

Furthermore, given the fact that the aged constitute a group with respect to their capacities, needs and limitations, policies and programmes aimed at promoting their participation must be closely linked with those activities which are designed to improve their situation as members of an extremely vulnerable group.

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